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| **Statutory Guidance on Working with People and Communities 2022**  **Case study** | |
| **Details** | |
| **Title of the case study** | Patient and Public Involvement Strategy on a Page |
| **Organisation** | East of England Ambulance Service NHS Trust (EEAST) |
| **Synopsis** | This case study is in relation to the EEAST Patient and Public Involvement Strategy on a Page which was co-produced with members of the public, patients, and stakeholders. This was the first entirely co-produced strategy undertaken by the Trust, which was led by patients, the public and stakeholders from start to finish. |
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| **Background** | EEAST needed to develop a Patient and Public Involvement Strategy to provide clear direction in relation to patient and public engagement and involvement over the next three years. As such, the strategy needed to be co-produced by our patients, the public, and stakeholders.  The Trust understood the importance of co-production to produce the strategy but had not previously had much experience in relation to co-production, especially for such a large piece of work. The Trust reached out to Healthwatch Suffolk, who then delivered comprehensive co-production training, with these sessions explaining the culture of co-production, the underpinning principles, and the benefits of using co-production for such a project. |
| **The need** | **What was the issue or problem you were addressing or the change you were implementing? Why it was particularly important to involve people and communities? Who was being affected?**  As the Patient and Public Involvement Strategy would directly be in relation to patients and the public, it was imperative to involve and engage with patients, the public and stakeholders in the production of the strategy.  Ultimately, this strategy would directly influence the patient engagement and involvement workstreams and implementation plans going forward, so it was important to ascertain the expectations and needs of our patients and the public and to identify how best to achieve this as a Trust. |
| **The solution** | **Explain what happened: the approach and how it was implemented.**  **On how it was implemented, you could provide:**   * **An overview of the engagement process** * **Details on the stages: planning and preparing, implementing, and sustaining** * **The type of engagement approaches used and how you ensured these were accessible and appropriate for a diverse range of people.**   **For the detail, think about covering:**   * **Who, why, what, where, when and how** * **Actions taken and key decisions** * **Key milestones/dates** * **Evidence of how it affected the decision-making process**   It was decided that the Patient and Public Involvement Strategy should be approached as a co-production project and to effectively start from a blank page. Co-production was a move away from the traditional ‘consultation’ process, and collectively led by the people who would be affected by this Strategy.  With support from our Healthwatch partners, the Patient and Public involvement Strategy was developed through a series of 16 co-production workshops, with 70 attendances by patients, community representatives, volunteers, and specialist groups.  The sessions flexed around each group, with an open approach and loose session plan, which were adapted for each group. However, key questions were asked during each session to build foundations for the strategy. Co-production sessions were as inclusive as possible and were offered at a variety of times to suit the needs of individuals and community groups. It was important to listen and adapt throughout the co-production journey (e.g., the sessions were moved from MS Teams to Zoom on the request of patients and the public).  All the feedback received was collated and a thematic review was then undertaken, which identified five key themes. In true co-production style, further sessions were organised to feedback and ‘sense check’ in relation to the themes identified, concluding with strategy writing workshops with our patients and the public, to decide on the language used within strategy.  The result was our Strategy on a Page which identified five key priority areas:    The strategy is currently into the process of being officially launched, although both the Strategy on a Page and easy read version are available on the Trust’s public website.  Since the completion of this strategy, other NHS Trusts have expressed an interest in the co-production process. It has been possible to share our experience and learning with other patient experience colleagues within two acute trusts but also at the recent wider Heads of Patient Experience annual conference.  The co-production journey has also been shared with the citizens senate and our Healthwatch partners. Following the co-production sessions, a short feedback form was sent to all those involved. The feedback received so far from the patients, public and stakeholders involved has been extremely positive.  The strategy will directly feed into the development of the Patient and Public Involvement Policy, implementation plans and patient engagement and involvement work streams going forward. |
| **Costs** | **Tips: Explain the costs, staffing requirements and other resources involved.**  The co-production journey was relatively low cost as all 16 sessions took place virtually rather than face to face.  As a result of feedback during the sessions, it was decided that a Corporate Zoom account should be purchased to move away from MS Teams.  A number of staff within the Patient Experience Department were needed to facilitate the sessions, which took place at various times to suit the needs of different groups. |
| **Challenges** | **Tips:**  **People like case studies that highlight what was difficult and ideally how you overcame the challenges - they like to know the good, the bad and the ugly! Were there any barriers to overcome? What pushed you out of your comfort zone?**  The vast majority of the feedback received in relation to the sessions was very positive and the sessions all had a loose plan, with attendees asked during the session how they felt the session was going and whether any changes needed to be made. As a result of feedback, we were asked if it was possible to move the sessions from MS Teams to Zoom, as many people found this easier to use. Some groups also did not find the Google documents spreadsheet (used to feedback on each question) easy to navigate, so some sessions did not include the use of this function. Each session was led by the attendees and changed as required. It could at times be a challenge to ensure that the attendees kept on track in relation to the purpose of the session, with some time needed to field various questions in relation to the ambulance service or NHS as a whole.  The co-production journey is time consuming, especially with the number of sessions needed from start to finish. In total it took EEAST approximately five months from a blank page through to the finished strategy.  Lastly, it is crucial to go into co-production with an open mind rather than with a corporate mindset, and for the sessions and feedback to be led by the patients and public rather than the Trust staff facilitating the session (even down to the wording on the strategy, which perhaps may not have been the wording chosen by the Trust). |
| **Impact** | **Describe the benefits in terms of improvements for those involved and the benefits achieved. Stakeholders see benefits as the ‘what’s in it for me’.**  **Ideally include details of qualitative and quantitative measures.**  **For example:**   * **Population health outcomes, patient/service user and carer outcomes and experience** * **The impact on health inequalities** * **Staff experience and system relationships, ways of working and development** * **Efficiency and productivity** * **Also, think about unintended consequences.**   As the strategy has been co-produced by our patients, public and stakeholders it has remained exactly as designed – this cannot be changed by the Trust. The impact of the strategy means that the work streams of the Patient Experience and Engagement department and the implementation plans will be directly influenced by the strategy and the 5 key themes identified through the session.  The strategy has received praise from the Trust Executive Team and was approved by the Trust Board in November 2021. There are also plans to nominate the strategy for a national award.  As a result of the co-produced strategy, further co-production work has been undertaken throughout the year, particularly in relation to survey projects which have been co-produced with Experts by Experience. The next step is to co-produce a Patient Charter for the Trust.  The impact of our co-produced strategy has also been far reaching nationally, as our co-production journey and learning from the experience has been shared with other organisations, NHS colleagues and Experts by Experience. |
| **Lessons** | **Tips:**   * **Looking back at the experience, what did you learn? What were the key enablers /conditions for success?** * **What recommendations and advice would you give others thinking about doing similar work? What is the single most important one line of advice which you can give to others starting a similar project?**   As a result of our training and co-production journey, the Trust now has a much better understanding of co-production and the importance of moving away from the traditional ‘consultation,’ to building together with our patients and the public from start to finish (from a blank page to finished product).  Co-production can be a time consuming and challenging process but ultimately so rewarding and valuable, and as a Trust we can be assured that the strategy is reflective of the needs and expectations of our patients. The feedback received from our patients, the public and stakeholders in relation to the co-production sessions has been very positive, with patients and the public feeling empowered to be involved with such a project. Two of the attendees have even since become patient representatives for the Trust.  The key enabler for co-production success was to go through the process with an open mind, and to listen and be led by the patients, public and stakeholders. The process held sessions at all stages of the co-production journey, to discuss the thematic review, to sense check and finally for the strategy to be written and collectively agreed.  Co-production sessions need to be undertaken without a traditional corporate mindset, or preconceived ideas and assumptions. Consideration also needs to be given to the WHO Principles of Effective Communication and for sessions to be flexible and adaptable to the needs of different patient groups, ensuring plain language without acronyms, but also to be led by the group in relation to the co-production style and method of collating the feedback (e.g., verbally, in writing, using Google docs). |
| **Next steps, sustainability and scaling** | Tips:  Explain what you plan to do next to develop and sustain the work and scale it (if appropriate).  The Patient and Public Involvement Team are currently in the process of planning the official launch of the strategy, which will take place at the end of March 2022.  Going forward, the strategy will directly feed into the development of the Patient and Public Involvement Policy and implementation plans, the workstreams of the Patient Experience and Engagement Teams and the new Patient and Public Involvement Policy.  Further sessions with the patients, public and stakeholders will be organised in the future to provide feedback in relation to the delivery of the strategy and the progress made. |
| **Find out more** | Please visit the below link to view the Patient and Public Involvement Strategy on a page:  [EEAST Patient and Public Involvement Strategy on a Page](https://www.eastamb.nhs.uk/Downloads/education-materials/Patient%20and%20Public%20Involvement%20Strategy%20on%20a%20Page.pdf)  [EEAST Patient and Public Involvement Strategy on a Page (Easy Read)](https://www.eastamb.nhs.uk/Downloads/Easy%20Read/Patient%20and%20Public%20Involvement%20Strategy%20-%20Easy%20Read%20Edition.pdf)  Please visit the below link in relation to WHO effective communication:  <https://www.who.int/about/communications/principles>  Please visit the below link in relation to the co-production work undertaken by Healthwatch Suffolk:  <https://healthwatchsuffolk.co.uk/co-production/>  For further information please contact:  Harriet Snowdon (Patient Experience Lead): [Harriet.snowdon@eastamb.nhs.uk](mailto:Harriet.snowdon@eastamb.nhs.uk)  Victoria Boyce (Patient Engagement Manager): [Victoria.boyce@eastamb.nhs.uk](mailto:Victoria.boyce@eastamb.nhs.uk) |
| **Resources** | |
| Add files |  |
| Add hyperlinks |  |
| **Media**  How do you think this case study could be presented? | |
| Text | Yes |
| Video | Yes |
| Audio file / podcast | No |